



**Secretary of State**  
**Statement of Information**  
 (Limited Liability Company)

LLC-12

107

**IMPORTANT** — This form can be filed online at [bizfile.sos.ca.gov](http://bizfile.sos.ca.gov).

Read instructions before completing this form.

**Filing Fee** — \$20.00

**Copy Fees** — First page \$1.00; each attachment page \$0.50;  
 Certification Fee — \$5.00 plus copy fees

**FILED**  
 Secretary of State  
 State of California

JUN 19 2018

*Above Space For Office Use Only*

**1. Limited Liability Company Name** (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.)

D.W.M. LABORATORY, LLC

**2. 12-Digit Secretary of State Entity (File) Number**

200217610093

**3. State, Foreign Country or Place of Organization** (only if formed outside of California)

**4. Business Addresses**

a. Street Address of Principal Office - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
2420 Ladera Rd.	Ojai	CA	93023
b. Mailing Address of LLC, if different than item 4a	City (no abbreviations)	State	Zip Code
P.O. Box 112	Ojai	CA	93024-0112
c. Street Address of California Office, if item 4a is not in California - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
		CA	

**5. Manager(s) or Member(s)**

If no managers have been appointed or elected, provide the name and address of each member. At least one name and address must be listed. If the manager/member is an individual, complete items 5a and 5c (leave item 5b blank). If the manager/member is an entity, complete items 5b and 5c (leave item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and address(es) on Form LLC-12A.

a. First Name, if an individual - Do not complete item 5b	Middle Name	Last Name	Suffix
Paul	McCord	Dougherty	
b. Entity Name - Do not complete item 5a			
c. Address	City (no abbreviations)	State	Zip Code
2420 Ladera Rd	Ojai	CA	93023

**6. Service of Process** (Must provide either Individual OR Corporation.)

**INDIVIDUAL** — Complete items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
Paul	McCord	Dougherty	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
2420 Ladera Rd.	Ojai	CA	93023

**CORPORATION** — Complete item 6c only. Only include the name of the registered agent corporation.

c. California Registered Corporation Agent's Name (if agent is a corporation) - Do not complete item 6a or 6b
---

**7. Type of Business**

Describe the type of business or services of the Limited Liability Company

Forensic Science Laboratory

**8. Chief Executive Officer, if elected or appointed**

a. First Name	Middle Name	Last Name	Suffix
b. Address	City (no abbreviations)	State	Zip Code

**9. The information contained herein, including any attachments made part of this document, is true and correct.**

June 14, 2018 Paul M. Dougherty

Date

Type or Print Name of Person Completing the Form

President

Title

Paul M. Dougherty  
 Signature